

Workforce Investment Act 25-Percent Special Projects Program On-Site Monitoring Guide

Prepared By
Compliance Review Division
June 2005

**Workforce Investment Act
25-Percent Special Projects
Program
On-Site Monitoring Guide**

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PREFACE

BACKGROUND AND INSTRUCTIONS

The purpose of our Program On-Site Monitoring Review Guide is to provide the monitor with information to conduct an on-site review of the Subgrantee's program administration and operations of the Workforce Investment Act (WIA) 25-Percent Special Projects. As stated in the confirmation letter, the monitor will review for compliance with applicable federal and state laws, regulations, and policies related to the WIA.

The Program On-Site Monitoring Guide consists of 3 sections. We request that the Subgrantee complete Section I and II in the guide to facilitate a more efficient review. The monitor will complete Section III.

Subgrantee staff responsible for completing the Program On-Site Monitoring Guide may contact the monitor or his/her supervisor to clarify questions. In addition, please ensure that the individual(s) who complete the guide provide the following information at the end of each section of the guide: his/her name, telephone number, position/title, and date completed.

The Subgrantee should provide the completed sections in the Program On-Site Monitoring Guide to the monitor prior to or at the entrance conference.

Subgrantee: _____

Executive Director/Administrator: _____

Contact Person: _____ Phone _____

CRD Monitor: _____ Phone _____

CRD Supervisor: _____ Phone _____

SECTION I

I. PROGRAM ADMINISTRATION

A. GENERAL POLICIES AND PROCEDURES

1. The following activities are unallowable under WIA:

- political activities; [WIA 195(6)]
- paying for the cost of services or training that is otherwise available from other sources; [WIA 195(2); 20 CFR 663.320]
- charging participants a fee for placement or referral of an individual into a WIA activity; [WIA 195(5)]
- displacement of employees by any WIA participants; [WIA 181(b)(2) and (3); 20 CFR 667.270; WIAD02-9]
- the promotion or deterrence of union organizing. [WIA 181(b)(7)]

How does the Subgrantee ensure that no WIA funds are utilized for the above activities?

2. How does the Subgrantee ensure that all worksites and training facilities for WIA participants meet health and safety standards established under state and federal law? [WIA 181(b)(4) & 20 CFR 667.274]

3. Describe the Subgrantee's procedures to ensure that an individual placed in a WIA employment activity does not oversee or report to an immediate family member in a supervisory capacity for the employing entity. [20 CFR 667.200(g)]

B. GRIEVANCE AND COMPLAINT PROCEDURES

Provide a copy of the Subgrantee's WIA grievance and complaint policies and procedures.

1. Describe how the Subgrantee ensures compliance with nondiscrimination requirements.

[WIA 188; 29 CFR Part 37; 20 CFR 667.200(f) and 667.600; & WIA Directive WIAD01-21]

2. Has the Subgrantee established local grievance and complaint procedures?

☐ **Yes** ☐ **No**

3. How does the Subgrantee inform its WIA participants and regular employees of its complaint procedures? [20 CFR 667.200(f) & WIA Directive WIAD01-21]

C. MANAGEMENT INFORMATION SYSTEM (MIS) AND REPORTING

Please provide a copy of, or describe, the Subgrantee's procedures to ensure the timely and accurate completion and submission of the required WIA program performance and fund expenditure reports to the Employment Development Department?

[WIA 185; 20 CFR 667.300; WIA Directive WIAD04-15, WIAD 04-17; & WIA Information Bulletin WIAB02-5]

D. OVERSIGHT/MONITORING

1. Does the Subgrantee have any Subrecipients?

☐ **Yes** ☐ **No** If **No**, please skip to Section II.

2. Please provide a copy of the Subgrantee's program monitoring plan or schedule to monitor its subrecipients.

3. Please provide a copy of, or describe, the Subgrantee's subrecipient monitoring policies, procedures, and tools.

4. Please provide a copy of the subrecipient program monitoring schedule and reports.
5. Is the Subgrantee's system for oversight and monitoring adequate?

☐ **Yes** ☐ **No** If no, why not?

[WIA 183 and 184(a)(4); 20 CFR 667.400(c)(1) and 667.410(a); & WIA Directive WIAD00-7]

SECTION II

II. PROGRAM OPERATIONS

A. ELIGIBILITY

1. Identify the Subgrantee's target population it is serving with the WIA 25% Special Project fund.

2. Describe the Subgrantee's system for determining and verifying general WIA program eligibility for participants (right-to-work, age, and selective service registration). [CA UI Code 9601.5, INS Form I-9, WIA 189(h), 20 CFR 663.105, WIAD 04-18 Eligibility TAG Section III, and WIA Directive WIAD01-4]

3. Please provide a copy of or describe the Subgrantee's system for determining and verifying participant eligibility for the WIA 25% dislocated worker program.

<hr/> Subgrantee Staff	<hr/> Telephone	<hr/> Position/Title	<hr/> Date
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4. List the types of documents the Subgrantee accepts as verification for eligibility into each dislocated worker category below: [WIA 101 (9) & (10); WIAD04-18 Eligibility TAG Section V]

Dislocated Worker Eligibility Category	Documentation
(a) Terminated or Laid Off and is Eligible for or exhausted Unemployment Insurance (UI), or is not eligible for UI but demonstrates sufficient attachment to the workforce; and is unlikely to return to a previous industry or occupation.	(a) _____ _____ _____ _____ _____
(b) Laid off as a result of any permanent closure, substantial layoff at a plant, facility or enterprise.	(b) _____ _____
(c) Self-employed (including employment as a farmer, rancher, or a fisherman) but is unemployed as a result of general economic conditions in the community in which the individual resides or because of a natural disaster.	(c) _____ _____ _____ _____ _____
(d) Is a displaced homemaker who has been providing unpaid services to family members in the home and who has been dependent on the income of another family member but is no longer supported by that income; and is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.	(d) _____ _____ _____ _____ _____ _____ _____
(e) Has voluntarily terminated employment and has been determined eligible to receive UI benefits.	(e) _____ _____ _____
(f) Profiled Dislocated Worker	(f) _____ _____

B. ASSESSMENT

Provide copies of the Subgrantee's assessment forms and the instructions used for completion.

1. How does the Subgrantee assess the WIA participant's skill levels, aptitudes, interests, and supportive services needs prior work experience, and employability? [WIA 134 (d)(2), 20 CFR 662.240 and 663.160]

2. How does the Subgrantee ensure that WIA participants are receiving appropriate WIA activities and services based on their needs and the information contained in their assessments? [20 CFR 663.240(b)]

3. Does the Subgrantee use the participant's assessment results and employment goals and objectives to develop the individual employment plans? [20 CFR 663.245 & 663.310(b)]

☐ **Yes** ☐ **No** If **No**, please provide a copy or describe what the Subgrantee uses.

C. CORE OR INTENSIVE SERVICES

1. Are any WIA-funded core or intensive services contracted to another entity?

☐ **Yes** ☐ **No** If **Yes**, please identify the service(s) and the entity provided.

2. Please list the services provided by the Subgrantee.

[WIA 134(d)(2) and (3); 20 CFR 662.240, 663.200, 663.210, 663.240(b) and 663.245]

3. What specific documentation is maintained in the participant case files for verifying the services provided to the participant? [20 CFR 663.160 (b)]

Provide an example of forms, checklists, or documents used.

D. TRAINING

[WIA 134(d)(4); 20 CFR 663.300 through 663.320]

1. Are any WIA-funded training services contracted to another entity?

☐ **Yes** ☐ **No** If **Yes**, please identify the entity(ies) and the training services.

2. If the subgrantee uses other training providers or vendors, does the subgrantee have a local policy and procedure in place to recoup unused training funds as required by WIAD04-4? ☐ **Yes** ☐ **No**

3. Please list the types of training provided by the Subgrantee. (i.e.: OJT, occupational. skills, classroom instruction, life skills)

[WIA 134(d)(4)(D)]

E. SUPPORTIVE SERVICES

[WIA 101(46), 20 CFR 663.800-663.840]

Provide a copy of the Subgrantee's supportive services policies and procedures.

1. Please list the supportive services paid for with WIA 25% Special Project fund.

2. Describe how the need for supportive services is determined and documented.

3. Describe how the subgrantee ensures, that supportive services provided to participants, with WIA 25% Special Project funds are not otherwise available through other programs.

<u>Subgrantee Staff</u>	<u>Telephone</u>	<u>Position/Title</u>	<u>Date</u>
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SECTION III

III. ATTACHMENTS

CASE FILE REVIEW WORKSHEET									
Date:		Subgrantee:				Monitor:			
PARTICIPANT DATA & GENERAL ELIGIBILITY [CA UI Code 9601.5, INS Form I-9, WIA 189(h), WIAD01-2 Elig. TAG Section III]									
Participant Name:					Social Security Number:			Age:	
Application Date:					Enrollment Date:				
<input type="checkbox"/> Right-to-Work		<input type="checkbox"/> Selective Service		Target Population:			Documentation Reviewed:		
PROGRAM ELIGIBILITY FOR DISLOCATED WORKER [WIA 101 (9) & (10), WIAD04-18 WIA Eligibility TAG Section V]									
<input type="checkbox"/> Terminated or laid-off AND <input type="checkbox"/> Elig./exhaust UI <input type="checkbox"/> Not Elig. For UI but sufficient attachment to the workforce AND <input type="checkbox"/> Is Unlikely to return to previous industry or occupation.			<input type="checkbox"/> Laid off due to permanent closure or substantial layoff at a plant, facility or enterprise.		<input type="checkbox"/> Self-employed (as farmer, rancher, or fisherman) BUT <input type="checkbox"/> Is unemployed due to general economic conditions in community the individual resides OR <input type="checkbox"/> Is unemployed due to a natural disaster.		<input type="checkbox"/> Displaced homemaker who is no longer supported by income from family member, AND <input type="checkbox"/> Is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.		
<input type="checkbox"/> Voluntarily terminated employment AND <input type="checkbox"/> Is receiving or has been determined eligible to receive UI OR <input type="checkbox"/> Has exhausted UI since terminating employment voluntarily AND <input type="checkbox"/> Is unlikely to return to a previous industry or occupation				<input type="checkbox"/> Profiled Dislocated Worker		Documentation Reviewed:			
STAFF-ASSISTED CORE SERVICES [WIA 134 (d)(2), 20 CFR 662.240, 663.160]									
<input type="checkbox"/> Initial Assessment: <input type="checkbox"/> Skill levels <input type="checkbox"/> Aptitudes <input type="checkbox"/> Abilities <input type="checkbox"/> Need for Supportive service Education <input type="checkbox"/> Vocational Interest <input type="checkbox"/> Education <input type="checkbox"/> Work History <input type="checkbox"/> Personal Barrier					<input type="checkbox"/> Job Search and Placement Assistance: <input type="checkbox"/> Employment Goal <input type="checkbox"/> Occupational Experience <input type="checkbox"/> Educational Attainment <input type="checkbox"/> Participant Interest				
Documentation Reviewed: Date Initial Assessment Provided:					Documentation Reviewed: Date Job Search and Placement Assistance Provided:				
INTENSIVE SERVICES [WIA 134 (d)(3), 20 CFR 663.200-663.250]									
<input type="checkbox"/> Comprehensive and Specialized Assessment <input type="checkbox"/> Diagnostic Testing <input type="checkbox"/> In-depth interview and evaluation of employment barriers and appropriate employment goals.					<input type="checkbox"/> Individual Employment Plan (IEP) <input type="checkbox"/> Employment Goals <input type="checkbox"/> Achievement Objectives <input type="checkbox"/> Combination of Services to achieve goals				
<input type="checkbox"/> Short-term prevocational services. Development of the following: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Learning Skills <input type="checkbox"/> Personal Maintenance Skills </div> <div> <input type="checkbox"/> Punctuality <input type="checkbox"/> Interviewing Skills </div> <div> <input type="checkbox"/> Communication Skills <input type="checkbox"/> Professional Conduct </div> </div>									
<input type="checkbox"/> Group Counseling <input type="checkbox"/> Out-of-area job search <input type="checkbox"/> Internships			<input type="checkbox"/> Individual Counseling and Career Planning <input type="checkbox"/> Literacy assistance related to work readiness <input type="checkbox"/> Work Experience				<input type="checkbox"/> Case Management <input type="checkbox"/> Relocation Assistance		
Documentation Reviewed:					Date Intensive Services Provided:				
TRAINING SERVICES [WIA 134 (d)(4), 20 CFR 663.300-663.440]									
<input type="checkbox"/> Occupational Skills <input type="checkbox"/> Skills Upgrading/Retraining <input type="checkbox"/> Private Sector Training <input type="checkbox"/> Other (Specify)			<input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Entrepreneurial <input type="checkbox"/> Adult Education/Literacy			<input type="checkbox"/> Workplace Training & Coop Ed <input type="checkbox"/> Job Readiness <input type="checkbox"/> Customized Training			
Individual Training Account (ITA) provided to participant? <input type="checkbox"/> Yes <input type="checkbox"/> No, If No, please explain _____									
Training concurs with the Comprehensive Assessment or IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No, If No, please explain _____									
Training directly linked to occupations in demand in local area or area of relocation? <input type="checkbox"/> Yes <input type="checkbox"/> No, If No, please explain _____									
SUPPORTIVE SERVICES AND NEEDS-RELATED PAYMENTS [WIA 101(46) & 134(e)(2), 134(e)(3), 20 CFR 663.800-663.840]									
Supportive Services and/or Needs-Related payments are:									
<input type="checkbox"/> Necessary, reasonable, and allowable? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Consistent with local written policy? <input type="checkbox"/> Yes <input type="checkbox"/> No If No to any of the above, please explain _____			<input type="checkbox"/> Not available through other programs? <input type="checkbox"/> Yes <input type="checkbox"/> No						
FOLLOW-UP SERVICES [WIA 134(d)(2)(K)], 20 CFR 662.240(b)(11) & 663.150(b)]									
Date entered unsubsidized employment: _____					New Employer Name: _____				
Job Title: _____			Hours per week: _____			Hourly wage: \$ _____			
<input type="checkbox"/> 90 days		<input type="checkbox"/> 180 days		<input type="checkbox"/> 270 days		<input type="checkbox"/> 360 days mandatory follow-up after placement			

WIA 25-PERCENT SPECIAL PROJECTS CASE FILE REVIEW ISSUES SUMMARY

SUBGRANTEE: _____

CRD MONITOR: _____

DATE: _____

TYPES OF ISSUES: GENERAL/PROGRAM ELIGIBILITY
INTENSIVE SERVICES

ASSESSMENT
TRAINING SERVICES

CORE ACTIVITIES
FOLLOW-UP ACTIVITIES

INDIVIDUAL EMPLOYMENT PLAN
SUPPORTIVE SERVICES

#	PARTICIPANT NAME & SSN	TYPE OF ISSUE	WHAT IS THE ISSUE?
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

SUBRECIPIENT MONITORING WORKSHEET WIA 25-PERCENT SPECIAL PROJECTS

Subrecipient Name: _____ **Date Completed:** _____ **CRD Monitor:** _____

Entity Reviewed and Type of Review	Date of Review and Date Report Issued	List all the Issues Identified	CA Requested (Y/N)	Due Dates Requested (Specify)	CA Performed (Y/N)	Date Follow-up Conducted
Comments:						

WIA SPECIAL PROJECTS Participant Interview Guide

Name of Service Provider: _____

Services Location: _____

Training/Work Location: _____

Participant's Name: _____

CRD Monitor(s): _____ **Date:** _____

1. How did you learn about the Service Provider? How were you informed of the services available from this Service Provider?

2. With whom did you discuss your skills, education, prior work experience and employment goals? Was this beneficial in determining your path of services?

3. What types of service are you receiving? (i.e. core, intensive, training, youth elements)

4. How are these services helping you reach your employment and/or educational goals?

5. Do you have any family members employed by this Service Provider?

☐ Yes ☐ No If yes, in what capacity?

6. Have you encountered any problems while enrolled in the program?

☐ Yes ☐ No If yes, please list.

7. How were these problems addressed?

8. Do you consider the Service Provider's location, your workplace and/or training location to be a safe and healthy environment?

☐ Yes ☐ No If no, why not?

9. What supportive services have you received?

- ☐ Transportation assistance _____
- ☐ Substance abuse treatment _____
- ☐ Child care assistance _____
- ☐ Housing assistance _____
- ☐ Other _____

10. Have you been referred to services provided by any other organizations?

☐ Yes ☐ No If yes, what organizations?

11. Have you been told that you have the right to file a complaint if you feel you are being treated unfairly or being discriminated against?

12. Have you ever been asked to participate in any political, union-organizing, or religious activities while participating in the Service Provider's activities?

☐ Yes ☐ No If yes, by whom?

13. Overall, how well do you feel the services you've received from the Service Provider has helped you? (i.e.: Great, Good, Fair, Poor)

14. Do you have any questions, suggestions or concerns about the Service Provider and/or services?

☐ Yes ☐ No If yes, please explain.
